

LABOURWORKS CARDINAL SAFETY RULES (FOR THOSE WORKING ON SITE)

The rules below are the ones that management and employees have agreed to be the foundation of our commitment to safety. Failure to follow these cardinal safety rules may result in disciplinary action being taken against the offending employee.

1. I have the right to voice any safety concerns I may have.
2. I will never falsify any document or record.
3. I will never engage in any horseplay or foolery while at work.
4. I will always wear safety footwear.
5. I will always wear high-visibility clothing.
6. I will always use safety glasses when using electric, air power and powder actuated tools.
7. I will always wear hearing protection when exposed to a noisy work situation.
8. I will wear a hard hat whenever there is operational lifting equipment on site, anyone working directly above me and I am directed to do so.
9. I will make sure that any ladder I use is fit for purpose, secured or held, and protrudes one metre above the level I am climbing to.
10. When working at height I will always ensure adequate fall prevention systems are in place.
11. I will ensure guard rails are fitted and secure.
12. I will ensure I never use a damaged or defective scaffold plank.
13. If it's too heavy I will ask for assistance.
14. I will immediately clean up any mess I make and I will always make sure my worksite is free from slip, trip or fall hazards.
15. I will only use machinery and equipment that I have been signed off as competent to use.
16. I will check any tool or equipment before using it, including electrical tags and I will never pass any safety mechanism or guard.
17. I will return faulty tools to the foreman/supervisor with a completed lockout tag immediately.
18. I will make sure any exposed steel rod has a cap.
19. I will report all injuries and accidents.
20. I will look after my workmates and help them work safely.
21. I will ensure other people on the worksite have the correct PPE and are working safely.
22. I will abide by all client H&S policies

NAME OF EMPLOYEE: _____

SIGNATURE: _____ DATE: _____